

APSN ISN Joint Symposium : “The Intersection of Global Health, Metabolism, and Kidney Disease”

Advancing the Biology of Diabetic Kidney Disease: Mechanisms and Therapeutic Perspectives

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Immediate Past President of the ISN

Past President of the APSN

President of the JSN

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COI disclosure: financial presenter: Masaomi Nangaku

I have the following relationships to disclose.

- Employment: No
- Stock ownership or options: No
- Patent royalties/licensing fees: No
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- Research funding: Kyowa-Kirin, BI, JT, Chugai, Mitsubishi-Tanabe, Torii



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2024 Taiwan clinical practice guideline for diabetic kidney disease – an executive summary

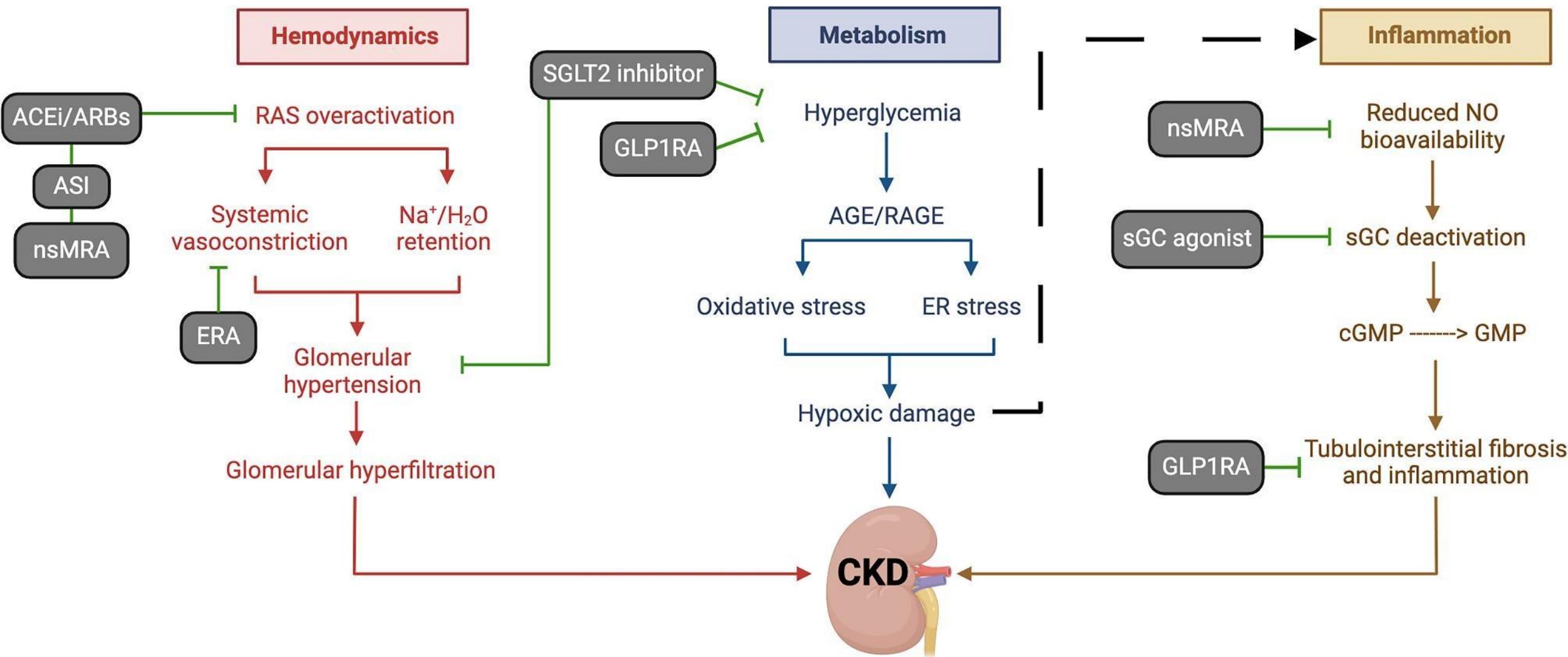
Sheng-Chiang Su ^a, Tieng-Chun Chang ^b, Yi-Wen Chiu ^{c,d}, Chih-Hsun Chu ^e, Yueh-Han Hsu ^f, Chin-Sung Kuo ^{g,h}, Chun-Chuan Lee ^{i,j}, Ming-Hsun Lin ^a, Chun-Liang Lin ^{k,l,m}, Yuh-Feng Lin ^{n,o}, Da-Wei Lin ^p, Hui-Yu Peng ^q, Shwu-Pyng Su ^e, Yi-Chun Tsai ^{c,r}, Yao-Hsien Tseng ^{s,t}, Jun-Sing Wang ^{s,u}, Tsai-Jung Wang ^v, Yi-Sun Yang ^w, Chien-Ning Huang ^{w,*}, Horng-Yih Ou ^{x,y,**}, Mai-Szu Wu ^{z,aa,ab,ac,***}

Su et al. J Formos Med Assoc e-Pub

Recommendations on use of cardiorenal protective medications in DKD patients.

Recommendations	Class
For DKD patients with eGFR ≥ 20 mL/min/1.73m ² , we recommend use of SGLT2i to reduce the occurrence of cardiovascular events and renal disease progression.	Strong
For DKD patients, GLP1 RA is recommended to reduce occurrence of cardiovascular events and renal disease progression.	Strong
For DKD patients especially those with albuminuria, use of nsMRA in addition to maximum tolerated dose of ACEi or ARB can lower cardiovascular risks and slow renal disease progression.	Strong

Putative mechanisms of action of drugs to mitigate CKD progression





The NEW ENGLAND JOURNAL of MEDICINE

Empagliflozin in Patients with Chronic Kidney Disease

Herrington, Nangaku et al.

The EMPA-KIDNEY Collaborative Group

N Engl J Med 2023

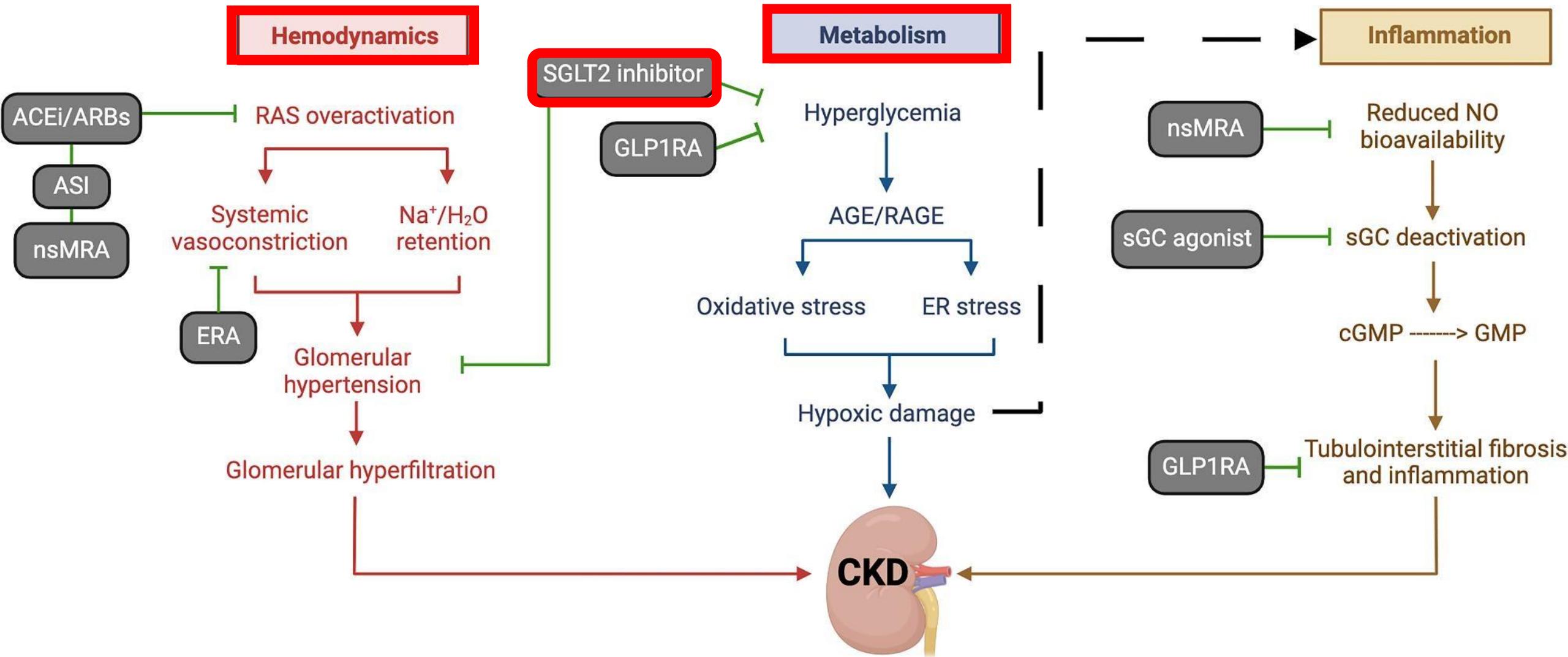
Long-Term Effects of Empagliflozin in Patients with Chronic Kidney Disease

Herrington, Nangaku et al.

The EMPA-KIDNEY Collaborative Group

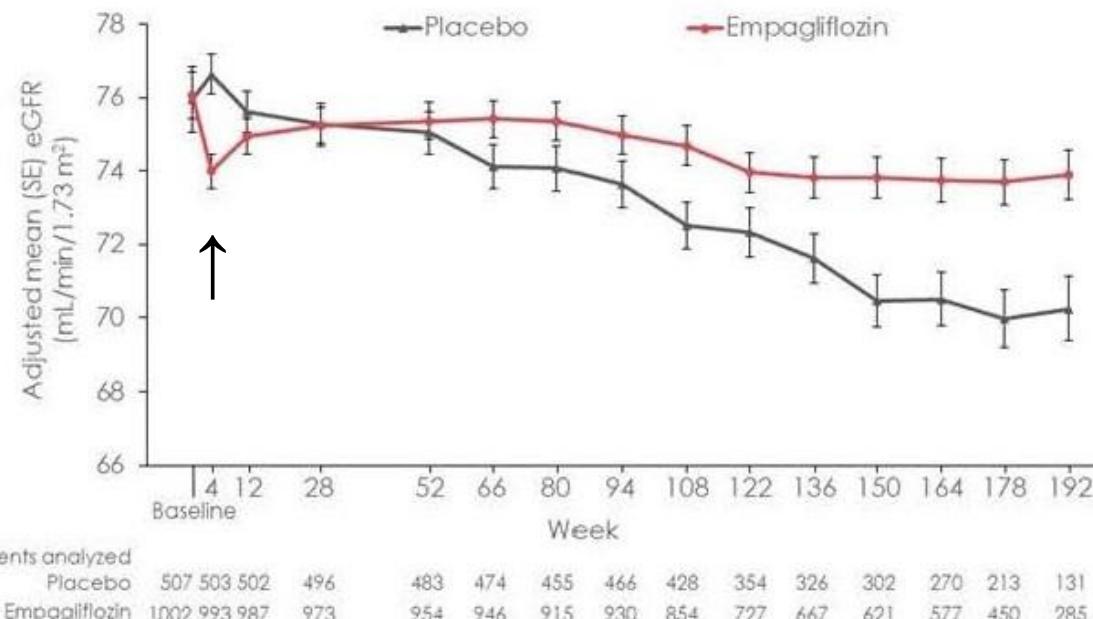
N Engl J Med 2025

Putative mechanisms of action of drugs to mitigate CKD progression

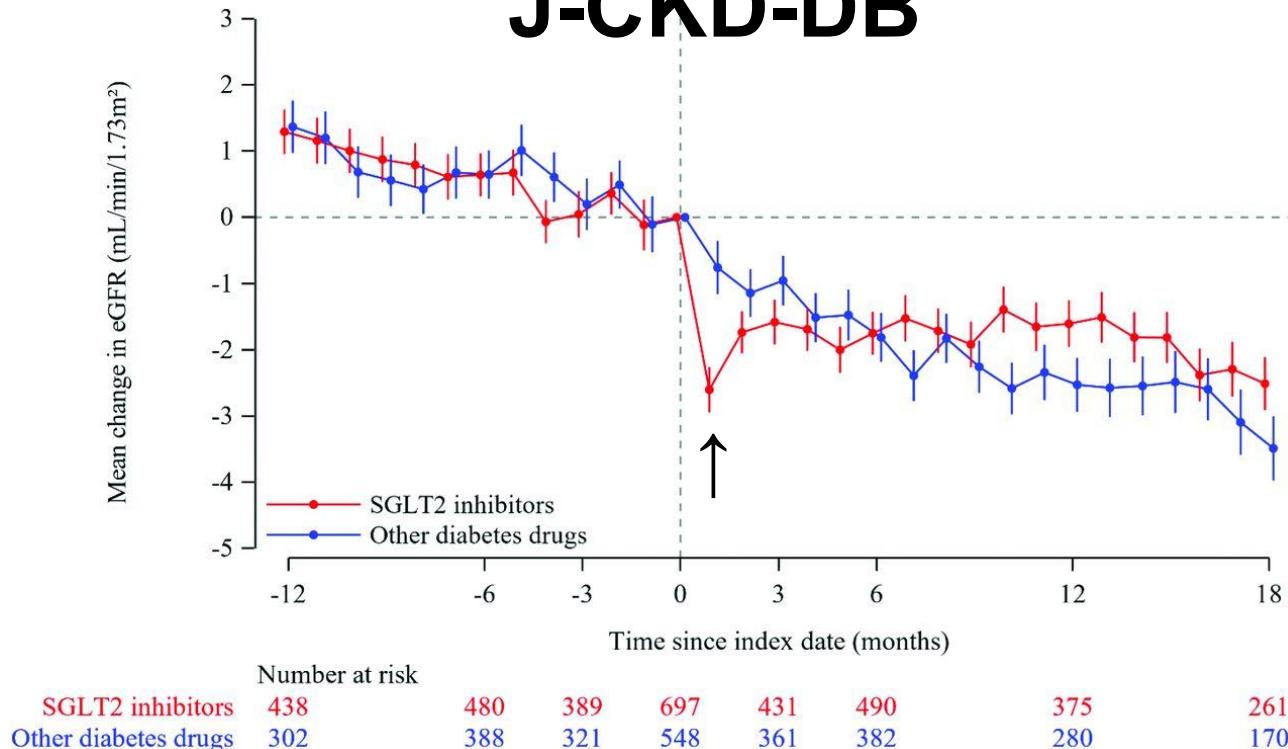


Initial dip of eGFR by SGLT2 inhibitor

EMPA-REG OUTCOME



J-CKD-DB



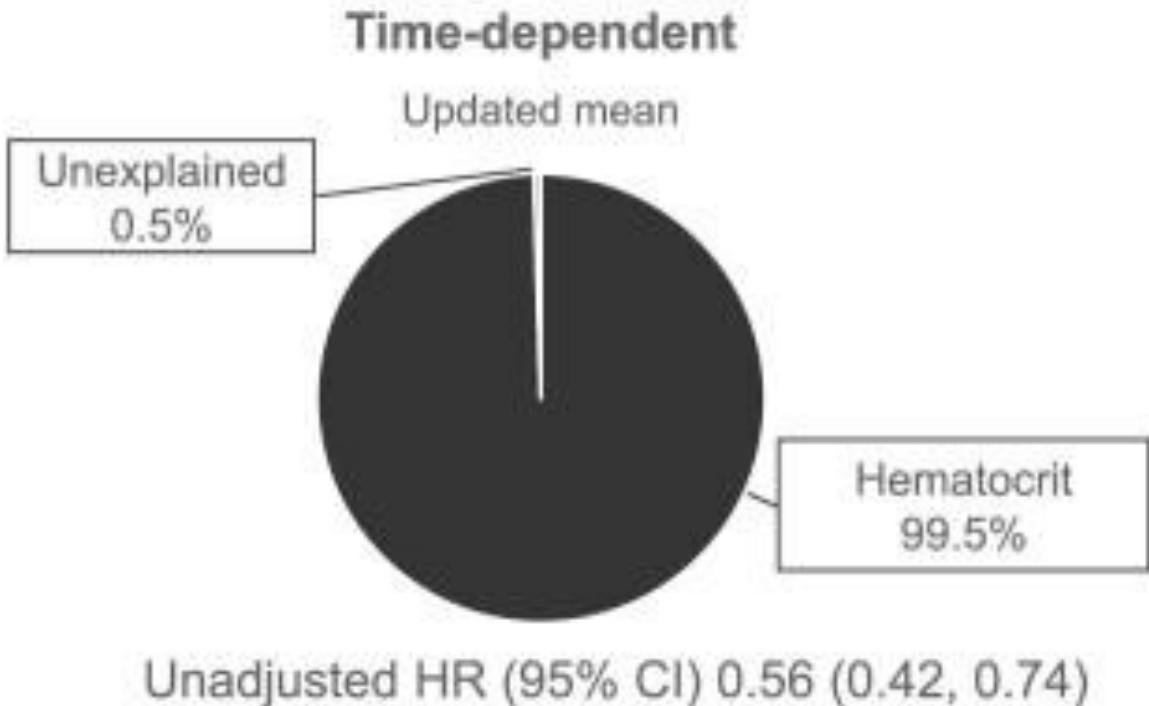
Kadowaki, Nangaku et al.
J Diabetes Invest 2019

Nagasu, Nangaku et al.
Diabetes Care 2021

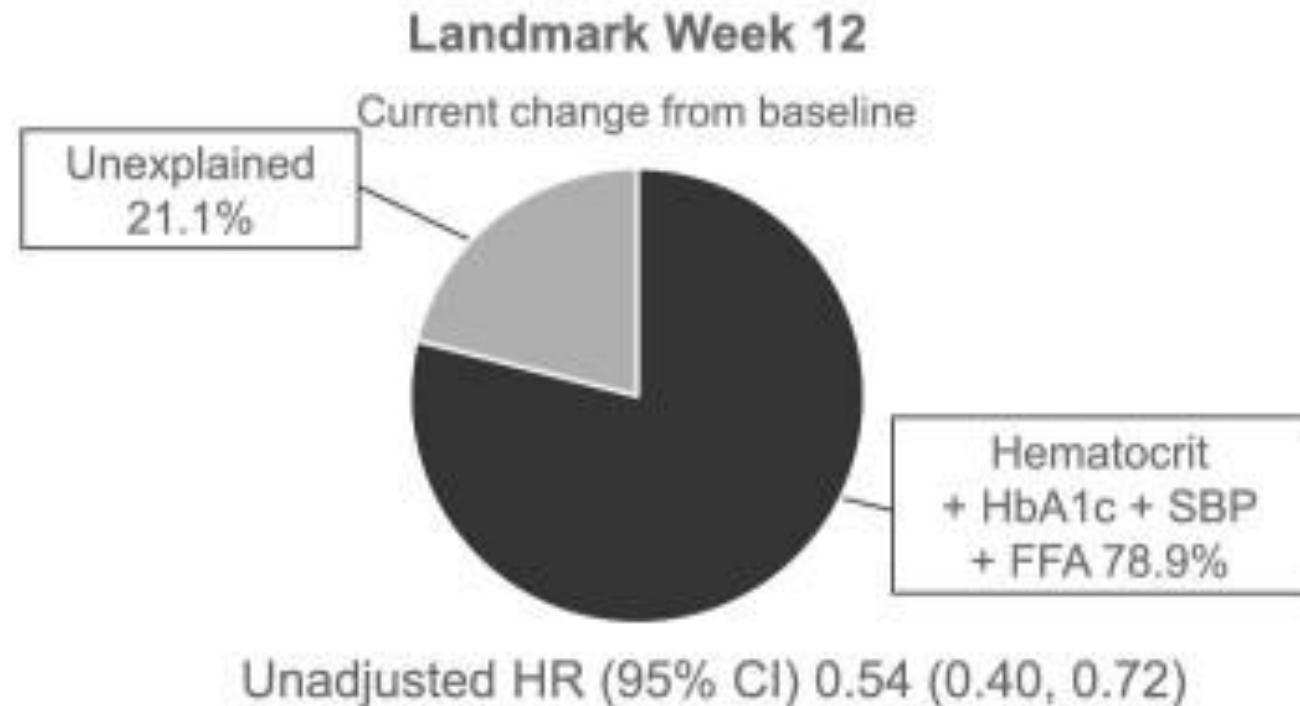
A mediation analysis of the EMPA-REG OUTCOME trial

Changes in hematocrit and hemoglobin were the strongest mediators of empagliflozin's kidney benefits in EMPA-REG OUTCOME

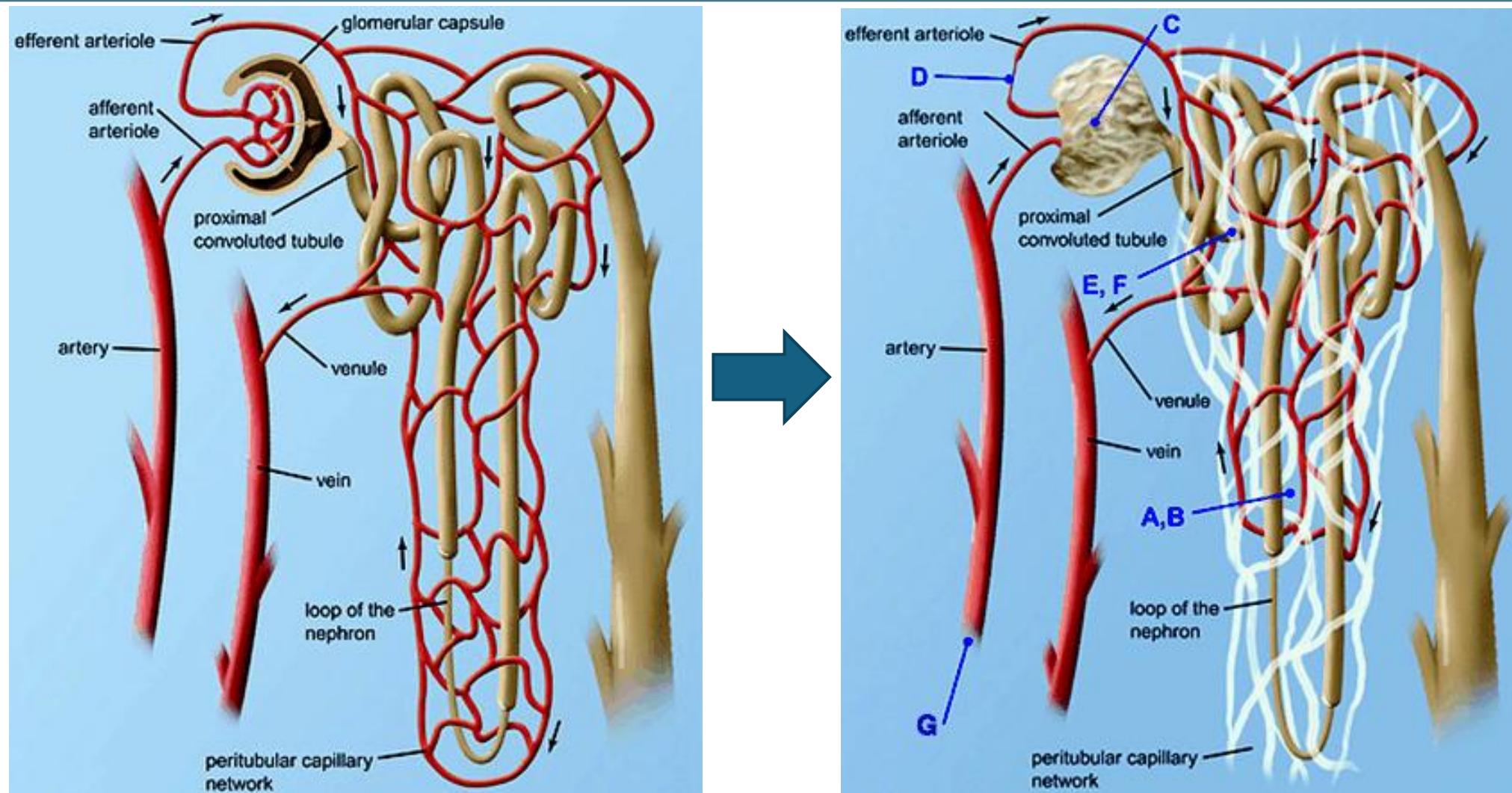
(A)



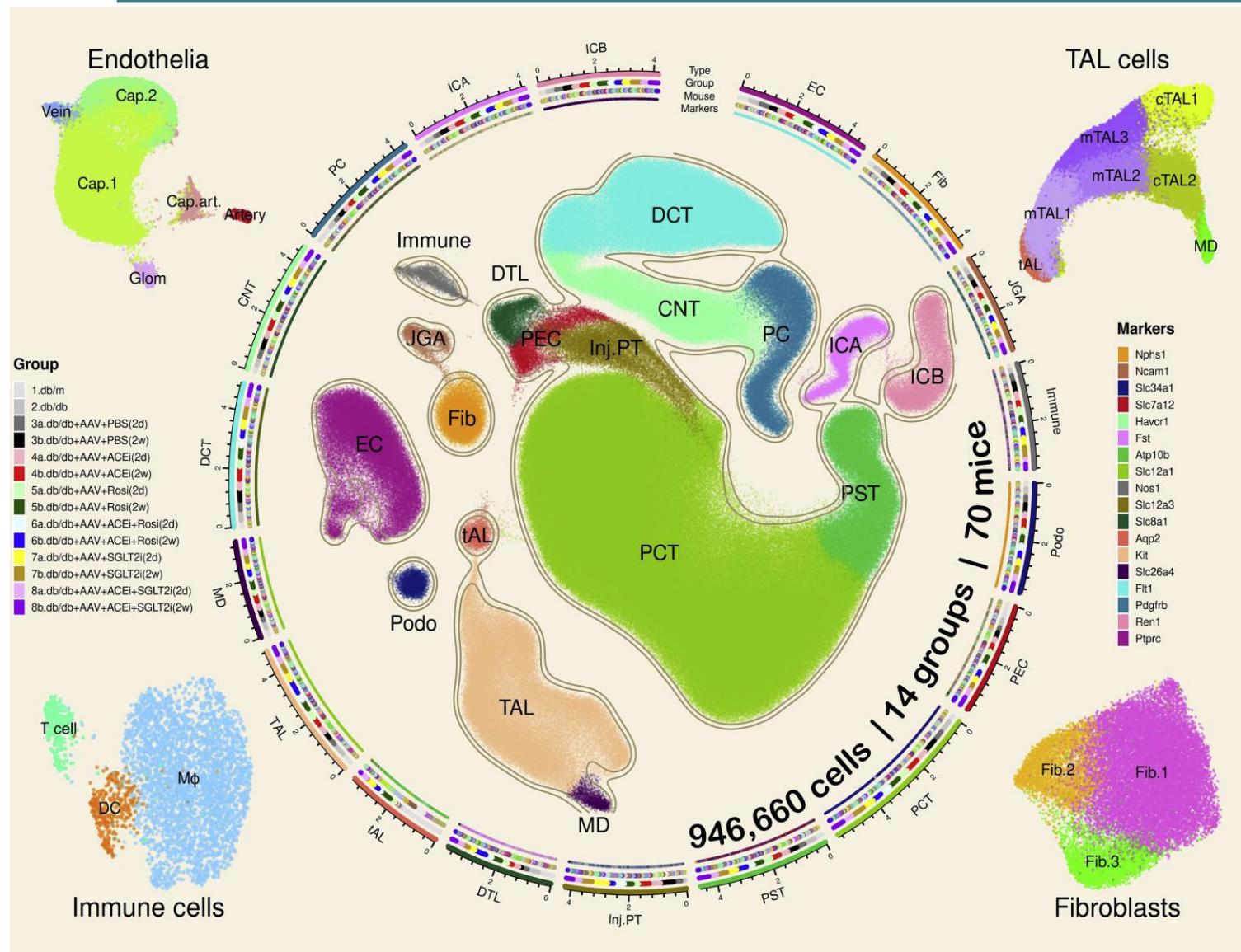
(B)



Hypoxia as the final common pathway to End Stage Kidney Disease



Single-cell atlas of drug treatments in a mouse model of DKD

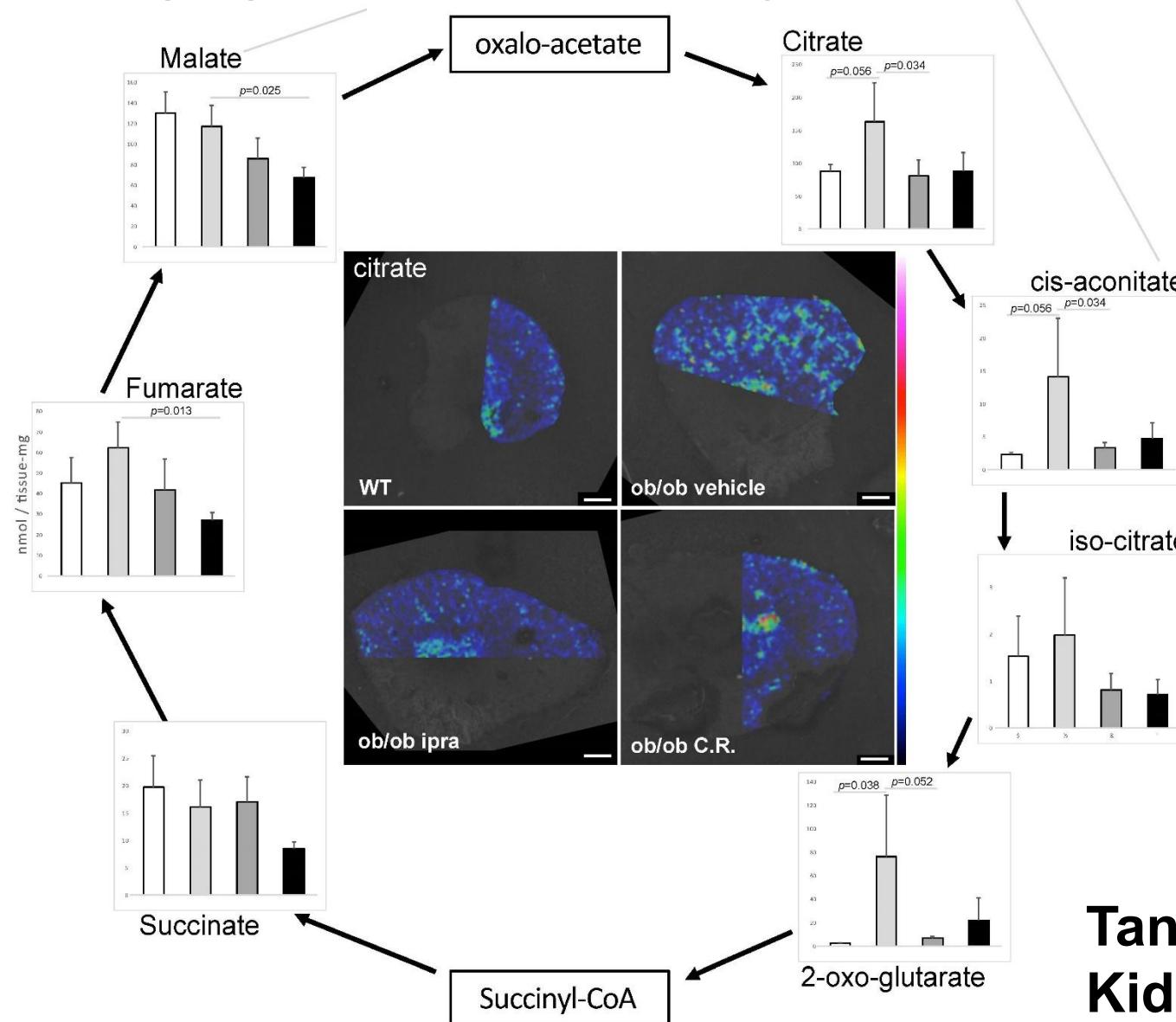


The early effects of SGLT2i on the S1 segment of the proximal tubule suggest that this drug class induces fasting mimicry and hypoxia responses

Wu, Humphreys et al.
Cell Metab 2022

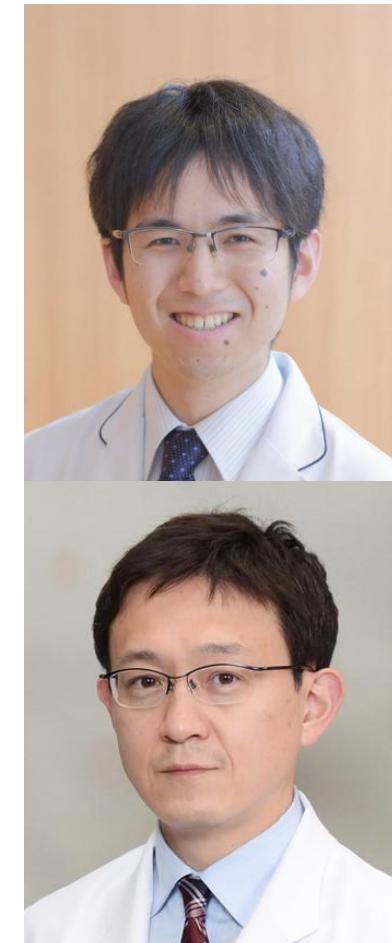
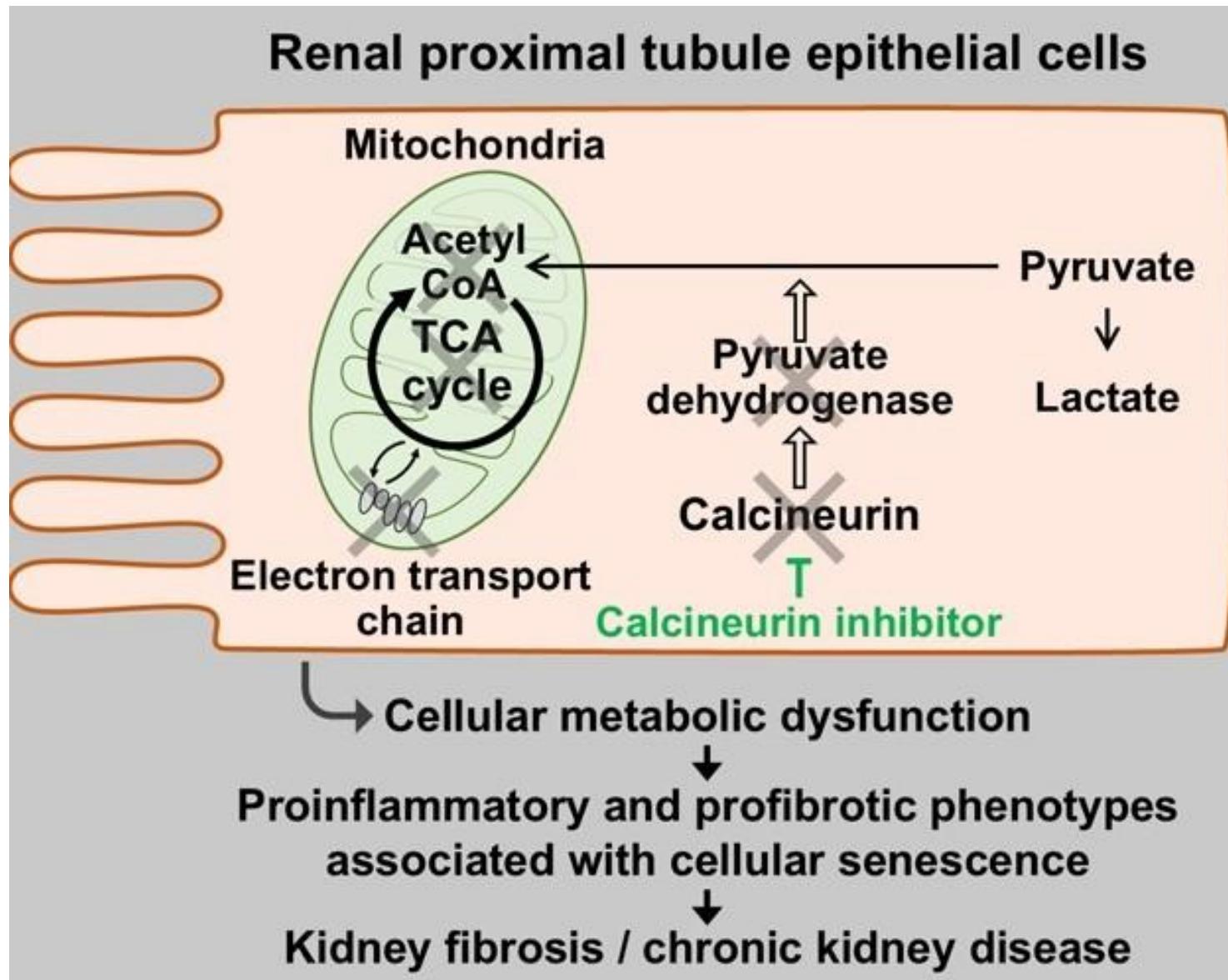
Accumulation of the TCA cycle metabolites in diabetic kidney

citrate imaging mass spectrometry data and metabolomics data of the TCA cycle



Tanaka S, Tanaka T, Nangaku et al.
Kidney Int 2018

Deactivation of pyruvate dehydrogenase induces proximal tubule cell metabolic dysfunction, causing profibrotic phenotype



Oda, Nishi,
Nangaku et al.
JASN 2025



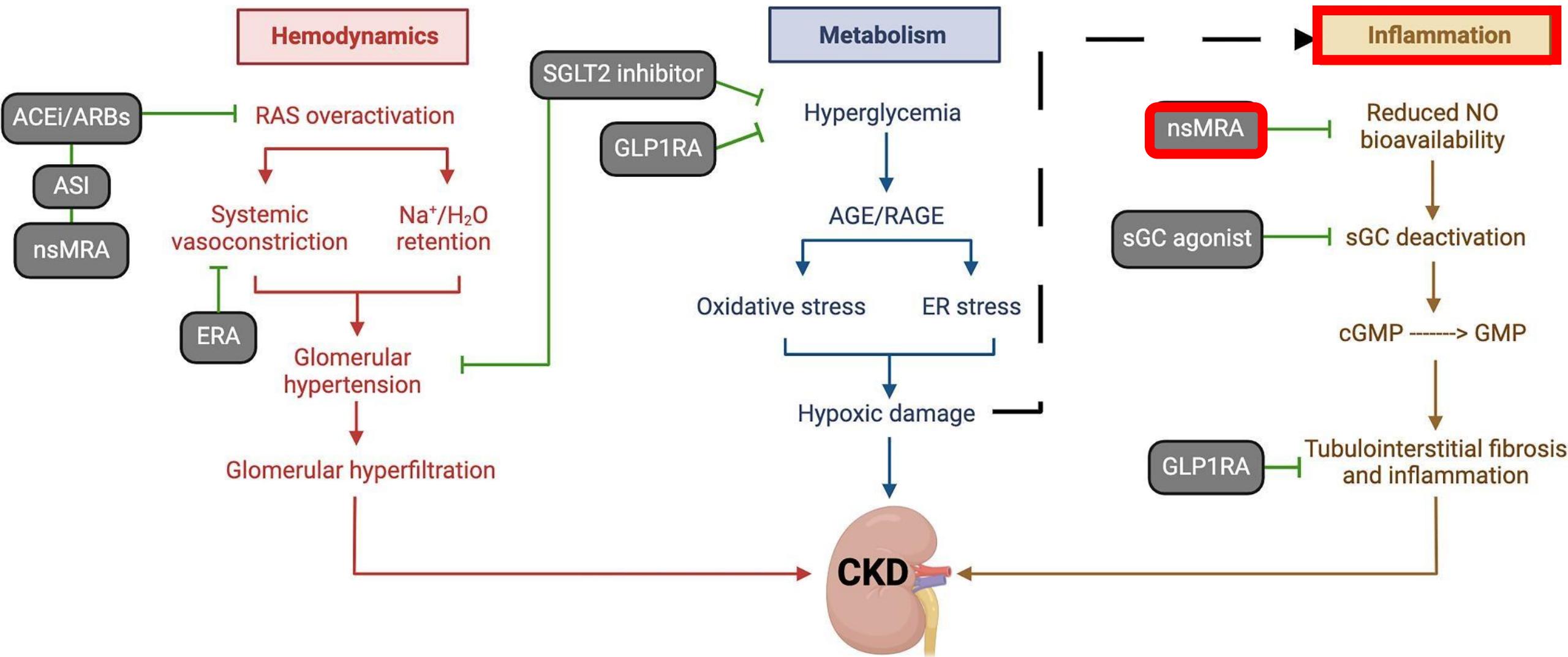
The NEW ENGLAND JOURNAL of MEDICINE

Finerenone with Empagliflozin in Chronic Kidney Disease and Type 2 Diabetes

Authors: Rajiv Agarwal, M.D.  , Jennifer B. Green, M.D., Hiddo J.L. Heerspink, Ph.D.  , Johannes F.E. Mann, M.D., Janet B. McGill, M.D., Amy K. Mottl, M.D., Julio Rosenstock, M.D.  , Peter Rossing, M.D.  , Muthiah Vaduganathan, M.D., M.P.H.  , Meike Brinker, M.D., Robert Edfors, M.D., Ph.D., Na Li, M.D., Ph.D., Markus F. Scheerer, Ph.D., Charlie Scott, M.Sc., and Masaomi Nangaku, M.D., Ph.D., for the CONFIDENCE Investigators* -8

N Engl J Med 2025;393:533-543

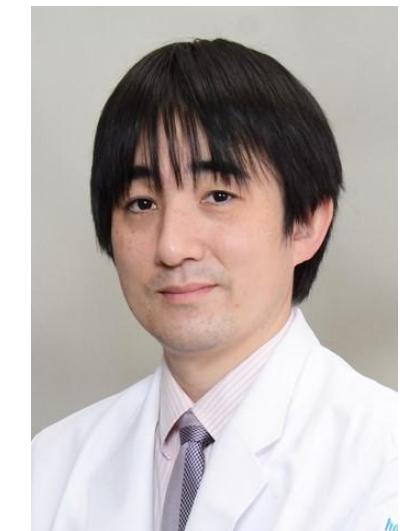
Putative mechanisms of action of drugs to mitigate CKD progression



Analysis of inflammatory cytokines and eGFR decline in Japanese patients with DKD

Multivariate analysis demonstrated high levels of LIGHT/TNFSF14, TWEAK/TNFSF12 and sTNF-R2 in rapid decliners

Predictor	Odds ratio (95% CI)	P value
Age	1.04 (0.99-1.08)	0.107
Male	0.84 (0.38-1.85)	0.674
eGFR, mL/min/1.73m ²	1.06 (1.02-1.09)	0.001
UACR, 10mg/gCre	1.01 (1.00-1.02)	0.126
Sample type (Plasma)	2.63 (0.43-16.16)	0.296
Chitinase 3-like 1, 4000 pg/mL	0.78 (0.59-1.05)	0.098
Chitinase 3-like 1 × sample type interaction	1.19 (0.90-1.58)	0.224
LIGHT/TNFSF14, 5 pg/mL	1.62 (1.14-2.30)	0.007
LIGHT/TNFSF14 × sample type interaction	0.91 (0.64-1.28)	0.579
TWEAK/TNFSF12, 60 pg/mL	0.65 (0.45-0.92)	0.016
TWEAK/TNFSF12 × Sample type interaction	0.74 (0.53-1.05)	0.095
sTNF-R2, 400 pg/mL	3.06 (1.20-7.74)	0.018
sTNF-R2 × sample type interaction	3.03 (1.21-7.56)	0.017



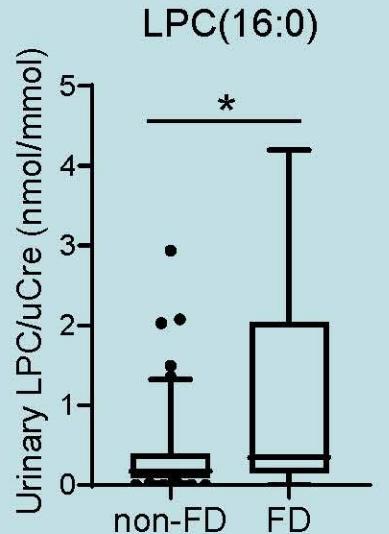
**Sugawara, Hirakawa,
Nangaku et al.
Biomark Med 2022**

Lysophosphatidylcholine mediates fast decline in kidney function in diabetic kidney disease

Clinical Cohort

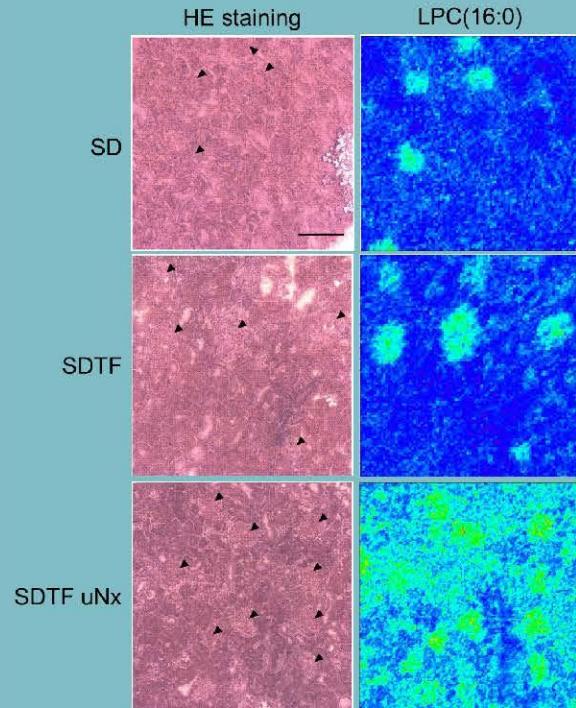
Urinary LPC (16:0) and (18:0) increased in the fast decliner of G3 DKD.

UT-DKD cohort



Animal models

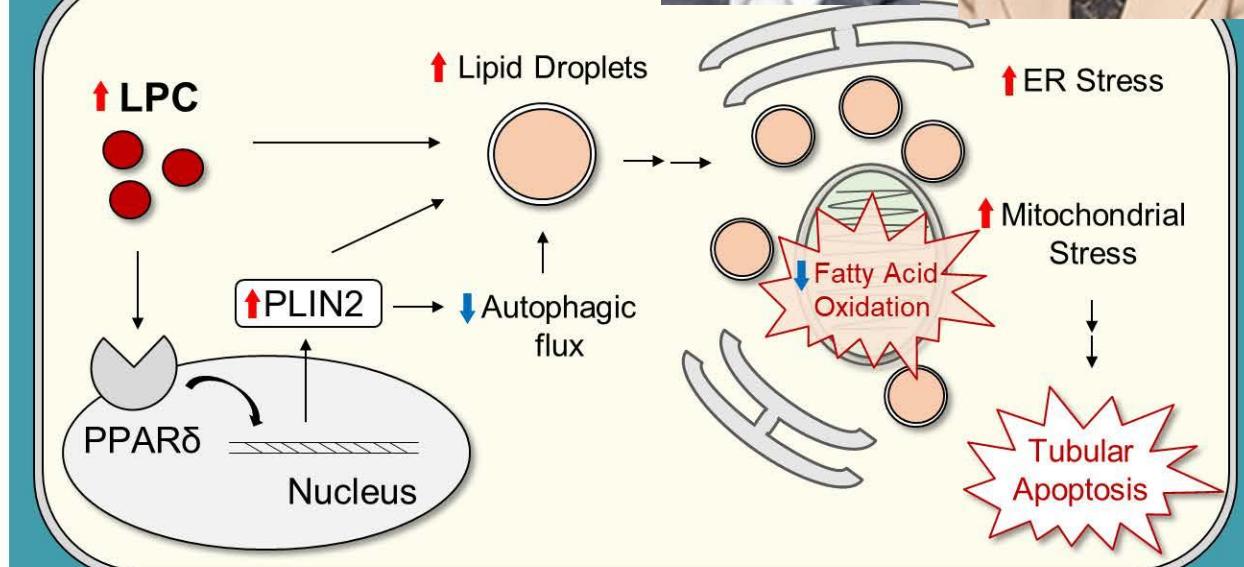
LPC accumulates in renal tubulo-interstitium of accelerated DKD rats.



Molecular mechanisms

Tubular accumulation of LPC enhances apoptosis through the PPAR δ -PLIN2

Tubular Cell

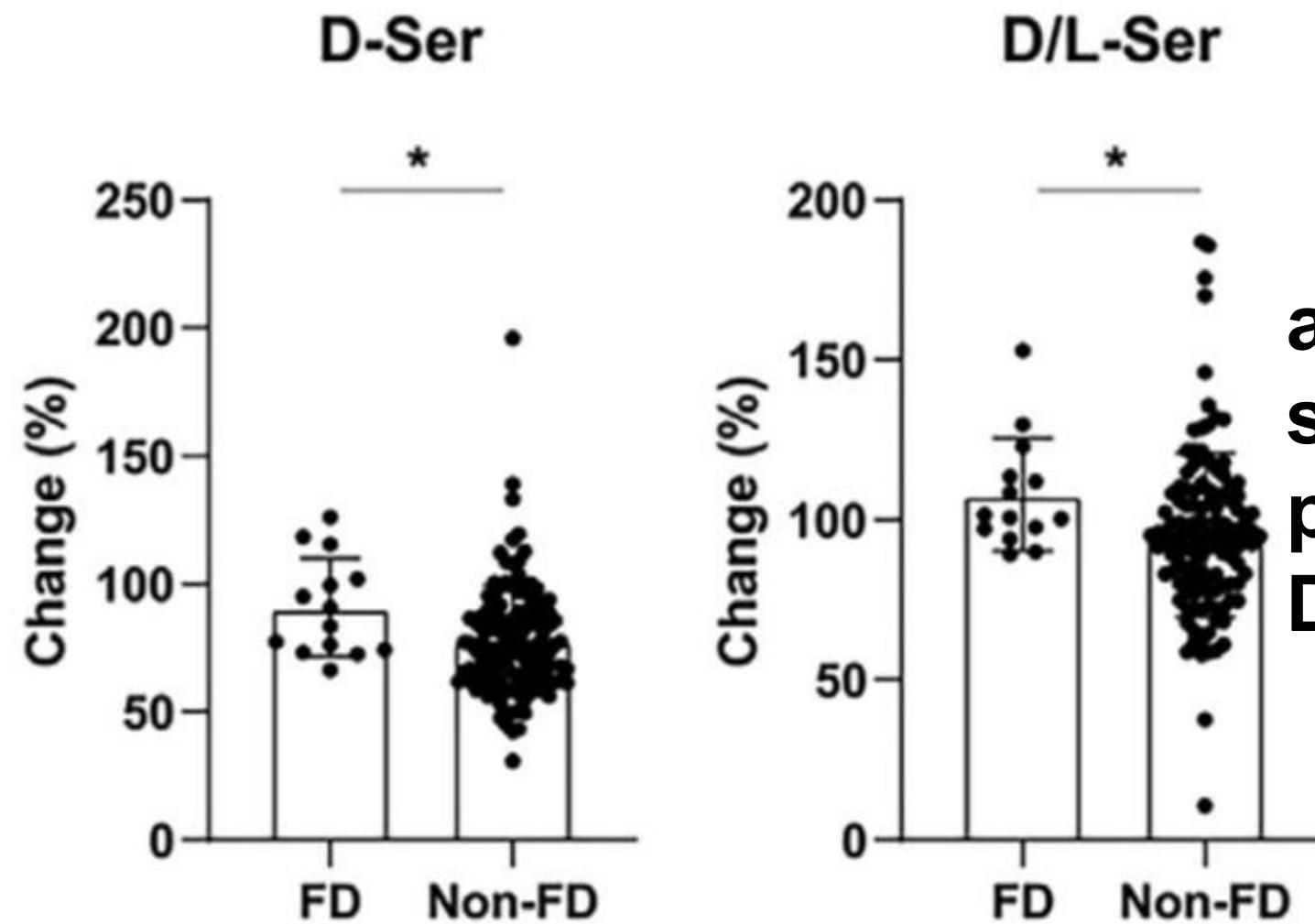


**Yoshioka,
Nangaku, Inagi et al.
Kidney Int 2021**

CONCLUSION

LPC (16:0) and (18:0) mediates a fast progression of DKD by accelerating tubular lipotoxicity and may serve as a novel therapeutic target.

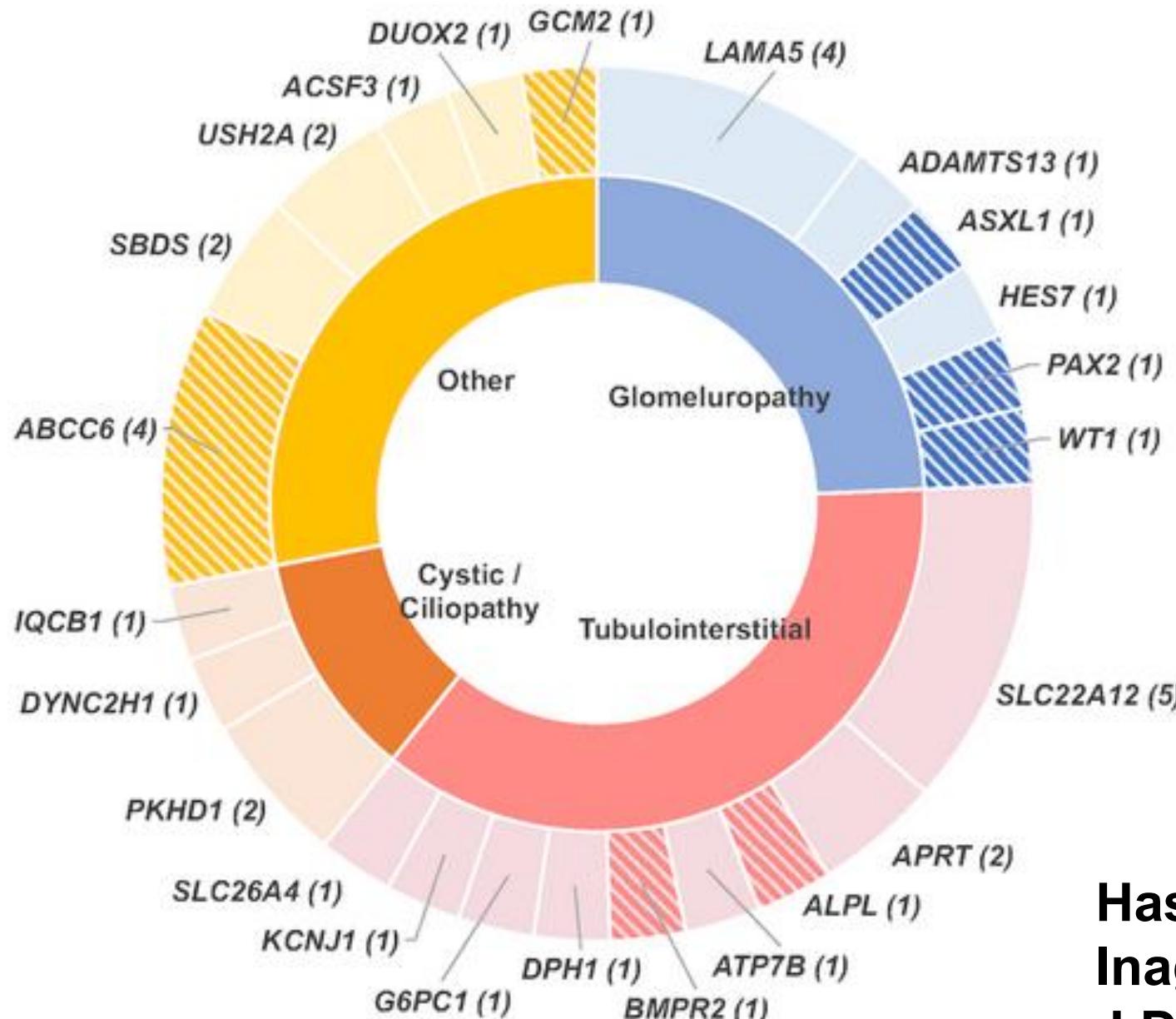
Detection of fast decliner of DKD using chiral amino acid profiling



a short-term increase in D-serine is an independent predictor of early decline in DKD



Pathogenic variants prevalence patients with DKD in Japan



UT-DKD cohort



Hashiba, Sugawara, Hirakawa,
Inagi, Nangaku et al.
J Diabetes Investig 2025

Putative mechanisms of action of drugs to mitigate CKD progression

